

IFSP EXTENSION REQUEST – FORM 11-A
For IFSP that will expire because a meeting cannot be scheduled
[911 KAR 2:130 Section 2 (3) (c)]

(This form substitutes for the letter referred to in the regulation)

Child's Name:	PSC Name:
TOTS #:	PSC Phone #:
Birthdate:	PSC E-Mail Address:

(Please print clearly – your approval notice will be sent by e-mail)

Current IFSP effective dates: From _____ **to** _____

For IFSP that will expire because a meeting cannot be scheduled in time:

1. Dates the extension should cover: from _____ **through** _____

2. Detailed description of attempts made to hold an IFSP meeting:

3. Why can't the IFSP meeting be held prior to the expiration of the current IFSP? Explain in detail.

4. Scheduled date for the next IFSP Meeting: _____

5. Current Progress Notes from all providers are in the child's record:

Service	Provider/Provider Number	Date Progress Note Completed

6. List of services and units of each needed during the extension period:

Service	Provider Number	Units requested
PSC		

**Submit to: Department for Public Health ~ First Steps Section ~ 275 East Main Street,
HS2WC ~ Frankfort, KY 40621 or FAX (502) 564-0329/(502)564-8003**

